

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012150

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 178

FILED APR 2 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 4 days	c. CITY OR TOWN XXXXXX Columbus
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Eula Middle Kathryn Last VonWedell		4. DATE OF DEATH Month March Day 27 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-1-1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 51
11a. FATHER'S NAME George Herrin		11b. MOTHER'S MAIDEN NAME Nellie Harris	11c. NAME OF HUSBAND OR WIFE Clyde Von Wedell
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. 6	
14. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Polycystic kidney disease		INTERVAL BETWEEN ONSET AND DEATH 36 hrs unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Polycystic kidney disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17. TIME OF INJURY Hour 3-24 a.m. 63 p.m. Month, Day, Year		18. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. CITY, TOWN, OR LOCATION COUNTY Cherokee STATE Kansas	
21. I attended the deceased from 3-24-63 to 3-27-63 and last saw him alive on 3-27-63 Death occurred at 240 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) J. J. Joplin, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-30-1963	23c. NAME OF CEMETERY OR CREMATORY Lowell Cemetery
24. FUNERAL DIRECTOR Roy L. Derfelt		25. DATE RECD. BY LOCAL REG. 3-29-1963	
26. REGISTRAR'S SIGNATURE Dore Merriam		27. DATE SIGNED 3-27-63	

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

working under my personal supervision.

Signed

Signature of Student Embalmer

Licensed Embalmer No. 4945

P. O. Address Halena Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.